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Quarterly news and updates from the Idaho Department of Health and Welfare







# A look back at Idaho's 2018 Legislative Session

By Ross Edmunds
Division Administrator
The 2018 Idaho Legislature
continued to recognize the critical
needs of Idahoans with behavioral
health disorders. The Legislature
appropriated funding for several
important transformational

Your feedback is important to us. Click here to tell us what you want to see in this newsletter. activities and passed key legislation and administrative (IDAPA) rules. Following are short descriptions of the budget and legislation approved this session.

**Note:** A supplemental is an increase to the current budget year because of a funding shortfall or emergency funding need. A line item is a request for an increase in funding for a new or expanding program for the upcoming budget year.

#### April 2018, Issue 19

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#### **Appropriations – Supplementals**

- \$1.5 million supplemental to the FY2018 Community
   Hospitalization budget to cover increases in contracted psychiatric hospitalization costs in the community.
- \$1.9 million supplemental to the
   FY2018 budget in general funds at State Hospital South to cover reductions in federal funds and receipts.
- \$116,000 supplemental to the FY2018 budget in general funds to address the medical and nursing cost increases at State Hospital North.
- \$650,000 supplemental to the FY2018 budget to address the cost associated with the Youth Empowerment Services (YES) program contracts for training, consultation and operations.

#### Appropriations – Line Items

- \$2.6 million to stand up behavioral health community crisis centers in Regions 2, 3, and 6.
   This is approximately 50% of the annual funding needed as it typically takes six months to begin operations. The Legislature will address annualizing this during the 2019 Legislative Session.
- \$256,000 for a substance use

- disorders provider treatment rate increase.
- \$160,000 in permanent
   Millennium funding to continue
   the very important Prevention
   of Minors Access to Tobacco in spections program.
- \$2 million in federal funds authority to operate the Idaho's Response to the Opioid Crisis (IROC) federal grant which Idaho was awarded to enhance the substance use disorders system, including the introduction of medication assisted treatment (MAT).
- Ithe governor's office and the Idaho Legislature recognized the incredible workforce at the Department by approving a 3% increase in compensation. The employees of the Division of Behavioral Health are amongst the most deserving of this increase for dedication, passion and challenges they face every day.

#### Legislation

 HB337 (Idaho Code Title 39, Chapter 31)

The Legislature approved changes to the Regional Behavioral Services Act to add definitions of recovery coaching, peer support, and family sup-

port partners; added a prevention specialist to the State Behavioral Health Planning Council and the Regional Behavioral Health Boards; and clarified the appointment of members to the Regional Behavioral Health Boards.

 HB 431 (Idaho Code Title 67, Chapter 53)

The Legislature approved changing the State Hospital Medical Director job classification from a classified to a non-classified position. This makes the position of Medical Director an appointed position, similar to division administrators and hospital administrators.

Senate Concurrent Resolution
 140

Senate Concurrent Resolution (SCR) 140 approves the Department of Health and Welfare to work with the Idaho Building Authority to get bond funding for the design, development and construction of a new nursing home at State Hospital South to replace Syringa Chalet, which was built in 1938.

# Mental Health is more than you think! #MymentalhealthIdaho

By Crystal Campbell
Program Specialist
and Optum Idaho
The Division of Behavioral Health

and Optum Idaho are working together to promote Mental Health Awareness Month through a #MymentalhealthIdaho campaign.

The goal is to spread a hopeful message that recovery is possible by inviting Idahoans to share positive mental health images and stories



through the use of social media. Optum Idaho will supply 50,000 lime green silicone bracelets embossed with #MymentalhealthIdaho and distribute those bracelets across the state. They will be shared Awareness Awards and Proclamathrough doctor's offices, counselors, tion event at 11:30 am on May 4, friends, families, crisis centers, recovery centers and more. Idahoans will be invited to post social media photos wearing the bracelets and telling stories about mental health and what helps them to feel well. For example, someone could submit a photo on a bicycle and say, "Biking makes me feel good streamed here and a recording will #MymentalhealthIdaho." The campaign will be promoted through IDHW social media, press releases, flyers and media partners. In addition to the #MyMentalHealthIdaho campaign, the division and Optum will each be

hosting an event on May 4th. The division will be

holding the Second Annual Mental Health

2018, in the Idaho State Capitol. The Mental Health Month proclamation will be presented, speakers with lived experience will talk about how mental health has affected their lives, and Clark Richman from Coeur d'Alene will receive the Voice of Idaho award. The event will be livebe available on our website following the event. Please visit the website for more information. The 2018 Mental Health Awareness art display will be available in the first-floor Capitol rotunda on May 4 and on our website and various lo-



cations throughout the state following the event.

#### **Helpful Links**

Behavioral Health Events page **Event Flyer** 

The evening of May 4th, the Statehouse will be bathed in green light while Optum hosts a Green Glow Celebration. Green glow sticks and necklaces will replace candles, and attendees will hear the stories of motivational speakers. For more information visit MymentalhealthIdaho on Facebook.

NOTE: Optum Idaho is Idaho's Medicaid managed care contractor for behavioral health services.

# What's new, what's next in Children's Mental Health?

By Brenda Bielke Public Involvement Coordinator Youth Empowerment Services (YES) is a new system of care that is being developed for Idaho children and youth with serious emotional disturbance (SED). This new system of care is rolling out in phases through 2020. It will provide a new way for families to find needed mental health care for their children that is strengths-based and familycentered. Planning and treatment will incorporate a team approach

that focuses on providing individualized care for each youth.

Changes now in effect Liberty Healthcare is the Medicaid Independent Assessor and is available to assess children who may have an SED.

This assessment is required for:

Families with incomes up to 300 percent of the federal poverty level (FPL) who are not currently eligible for Medicaid but want to apply for Medicaid coverage for their child who potentially has



SED, or

Families who are currently eligible for Medicaid who wish to access Medicaid-covered respite **services** for their child with SED.

Medicaid reimbursement is available for respite services that are identified on a person-centered plan as



one of the service needs of the child. Person-centered planning is a process directed by the child/youth and family to identify the strengths, capacities, preferences, needs and desired outcomes of the child/youth Optum network providers will beto create a treatment plan.

What's next with YES?

Additional YES services will be avail-

able starting July 1st. Over the next several months, agencies, providers and families will be preparing for the implementation of those ser-

come certified and trained to use the new Child and Adolescent Needs and Strengths Assessment (CANS) tool. Providers are learning about and incorporating the YES Principles of Care and Practice Model. Preparations are also underway for other child serving entities such as healthcare providers to learn how to use a screener to help identify children and youth who may benefit from mental health services.

# Idaho's Response to the Opioid Crisis (IROC) enters second year

By Denise Jensen **Program Specialist** The first year of the Idaho's Response to the Opioid Crisis (IROC) grant wraps up April 30, 2018. During the first 10 months of the grant, IROC has:

- Provided Opiate Use Disorder (OUD) treatment services to 367 people.
- Introduced Division of Behavioral Health-funded Medication Assisted Therapy (MAT) in all seven (7) Department of Health and Welfare regions.
- Provided MAT to 99 Idahoans.
- Made peer-based early engagement services available to begin on May 1, 2018. Year 2 of this



over 2,500 people statewide.

- Provided 1,794 naloxone kits to first responders.
- Delivered prescriber education prescribing guidelines from the Centers for Disease Control and Prevention.
- Provided prescribers with their first report on their opiate prescribing practices.

The division anticipates receiving an additional \$2 million in funding for year two of the grant, which will

project will focus on:

- 1) Expansion of MAT in combination with behavioral treatment.
- 2) Continued early engagement services in the community, hospitals, and in jails/prisons.
- 3) Prevention efforts aimed at educating individuals receiving opiate prescriptions in hospital settings.

If you have additional questions regarding IROC, please contact Denise Jensen at denise.jensen@dhw.idaho.gov or by phone at 208-332-7226. Learn more at www.IROC.dhw.idaho.gov

# BPA Health will administer the Peer Support Specialists & the Family **Support Partners certifications**

By Sherry Johnson **Program Specialist** Since 2015, the Division of Behavioral Health's Quality Assurance Unit has been on the forefront of implementing a peer support specialist

and family support partner certification process. The Department has certified a total of approximately 160 to administer a certification system family support partners and 630 peer support specialists. Because of this growth, the division

sought a single contractor through a Request for Proposal (RFP) process and process that will enable peers to be certified, allowing them to provide mental health peer services in

Idaho. Based on their response to the RFP, BPA Health was awarded the contract and is anticipated to start providing this service June 1, 2018.

Certified Peer Support Specialists (CPSSs) are individuals living with mental illness or a co-occurring substance use disorder who are grounded in their recovery, participate in specialized training and achieve professional status through an established certification process.

**Certified Family Support Partners** (CFSPs) are individuals who have raised or are raising a child with mental illness or a co-occurring substance use disorder and who have navigated the children's mental health system and possibly other

child-serving systems, such as juvenile justice, developmental disabilities, child protection, and education.

The CPSSs and the CFSPs are both experienced in developing the resiliency needed for recovery. This lived experience and the ability to share it with others in recovery or with parents/caregivers is what makes the CPSSs and the CFSPs different from other helping professionals. CPSSs and CFSPs provide support and inspire hope to those living with mental illness and to families in similar situations. Integration of CPSSs and CFSPs into the workforce is a critical component to a recoveryoriented system of care. Capacity building is essential for Idaho to expand peer support services. There-

fore, qualified CPSSs and CFSPs are needed in agencies throughout the adult mental health and children's mental health systems of care. Interested agencies may employ CPSSs and CFSPs to enhance the services they provide to Idahoans living with mental illness. The purpose for this certification process is to ensure that those who employ CPSSs or CFSPs are employing individuals who have consistent experiences and qualifications. Certification provides employers and participants with evidence and documentation that the certificate holder has demonstrated an established level of lived experience, job-related knowledge, skills, abilities, and practical experience.

# Suicide prevention risk assessment and management training

By Jessica Harris **Program Specialist** 

Behavioral health clinicians often say cide risk assessment and managethey have not had proper training to treat the clients they are most likely to lose. It is critically important that clinicians be adequately trained in suicide prevention. As concerned family and friends refer suicidal loved ones to treatment services, there is an expectation that the provider is skilled in suicide assessment and treatment. Gaining or increasing knowledge on this subject can be accomplished through appropriate training.

M. David Rudd, PhD, is a clinical psychologist and a leading expert in suiment. The Department of Health



and Welfare's Suicide Prevention Program (SPP) is again bringing Dr. Rudd to Idaho.

On Monday, May 21st, Dr. Rudd will provide an all-day training in Boise. Training participants will learn about important risk factors, how to assess adequately for suicide risk, and tools for lessening client suicide risk. Past training participants have reported feeling more capable to implement an empirically-grounded approach to risk assessment and being better able to formulate a crisis response plan. Due to the high need for suicide prevention trainings, the event reached capacity quickly and a waitlist is currently in place.

To be added to the waitlist, register



at www.rudd.eventbrite.com. This training provides six contact hours (6 CEs) for the following licenses: LPC, LCPC, LSW, LMSW, LCSW, and LMFT.

If you are unable to attend this event, SPP can provide educational materials (also found at https:// healthtools.dhw.idaho.gov/), information, and training. Please contact Jessica Harris by e-mail or at 208-334-4944 for more information.

ICANS Phase 3 is coming in July

By Seth Schreiber Program Manager

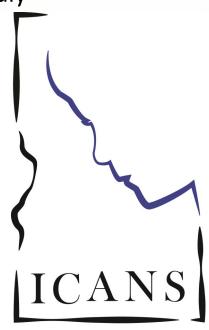
The Division of Behavioral Health's Automation Unit is preparing to receive, test, and deploy new functionality for the Idaho Child and Adolescent Needs and Strengths (ICANS) assessment system, as part of the ICANS Phase 3 development process. Phase 3 enhancements include many valuable items, however, the most notable of these are:

- Consent and transfer: This allows the ICANS user to consent, share, and transfer ICANS records between all ICANS users. This way, as a child moves through the children's mental health (CMH) system of care, the with the child.
- High-risk alerts: For items related to suicidal behavior, a prominent alert will be displayed on-

screen, requiring acknowledgement from the ICANS user that they identified a high-risk for the youth or child.

**Detailed mode:** This is a great enhancement to the ICANS. The detailed mode will allow the user to display specific guidance on how to ask and rate a CANS item on the screen. Essentially, this integrates the Idaho CMH CANS reference guide into the assessment itself. This enhancement is expected to help those who are new to the CANS administer and rate the CANS in an easier, more accurate way.

It is anticipated that Phase 3 will be available to all ICANS users by July 1, CANS ratings will be able to move 2018, including providers within the Optum Network, IDHW Family and Community Services (FACS), and the Idaho Department of Juvenile Corrections (IDJC). If you are interested



in signing up for training on this new functionality, please go to the **Division's Training Calendar or ICANS** Calendar to register. Sessions begin in June 2018.

For any questions related to the ICANS, please do not hesitate to contact the ICANS Helpdesk at icanshelpdesk@dhw.idaho.gov.

## Planning for healthcare transformation post-SHIP

By Casey Moyer Program Manager

The Statewide Healthcare Innovation Plan (SHIP) has just started its fourth and final year of the grant project. There remains a significant amount

of work to be done to assist practices in transformation, enhancements to the health IT infrastructure, integrations of behavioral health into primary care and more ground to cover related to payment reform as

well. Much has also been accomplished so far, thanks largely to the continued engagement and support of the Idaho stakeholder community.

SHIP will be winding down and closing out in January 2019.

Through this model test project, Idaho has gained momentum in several areas of healthcare transformation where we hope to maintain progress after the grant. The Office of Healthcare Policy Initiatives currently houses the SHIP within the Department of Health and opportu-Welfare and recently completed a visioning session and will be working with the Idaho Healthcare Coalition (IHC) on what comes next – post SHIP.

In the coming months, a subcommittee of the IHC will be working with the Office of Healthcare Policy Initiatives (and its subcontractors) to scope out and redefine the vision for healthcare transformation in Idaho using the lessons learned and infrastructure

from SHIP. There will be a variety of meetings and nities to participate in the process.

All the



Improved health, improved healthcare, and lower cost for all Idahoans

information will be on the SHIP web-sion to the Centers for site: www.SHIP.idaho.gov.

The final year of the grant also requires the submission of two reports in the months of May and September; the IHC will review these operational reports prior to submisMedicare and Medicaid Innovation (CMMI). There is so much that has been accomplished through the SHIP model design and implementation, and still much opportunity to improve the health outcomes and cost of care to all Idahoans.

# Utilization data provides detailed picture of clients' needs

By BPA Health

It takes many important factors to provide quality care. People and systems are two of the critical ones. From the clinicians that facilitate treatment groups to the electronic systems that track client use, each is a key component to running an effective office.

While we don't think of ourselves or our clients as numbers, utilization data provides stakeholders and decision makers with an accurate picture of the needs of our clientele. From generating an itemized list of expenditures by service, to showing

what is available for the remainder of the year, the information gathered from this data paints the picture.

#### How is this information used?

- To show how the populations we from care, we are able to engage treat have grown.
- To measure outcomes of different demographics.
- To help show specific needs of target groups.
- To provide budget makers with accurate information.

#### How can providers help?

Bill for services as soon as possible.

- Discharge clients in a timely manner.
- Complete the Follow Up Survey promptly.

As clients are successfully discharged new clients in treatment. By improving our contribution to quality data, we can help to paint a more complete and accurate picture - to change more lives.

**NOTE:** BPA Health is the management services contractor for Idaho's Substance Use Disorder (SUD) treatment and RSS network.

# Idaho Caregiver Alliance and ICOA Respite Project

Lifespan Caregiver Action Plan

By Stephanie Hoffman Program Specialist and ICA Respite Workgroup

The Division of Behavioral Health is working with the Idaho Caregiver Alliance (ICA) to grow ICA lifespan respite services throughout Idaho. A workgroup has been formed to support the successful development of sustainable respite programs funded by the Idaho Commission on Aging's (ICOA's) Lifespan Respite grant awarded by the U.S. Administration on Community Living. ly caregiver of that child or adult." The ICA is sponsored through the Idaho Commission on Aging's Lifespan Respite grant and managed in partnership with the Center for the Study of Aging at Boise State University. In 2016, the ICA created the Idaho

(Action Plan), which is supported by the Idaho Legislature through House Concurrent Resolution 24. The Action Plan prioritizes respite (short breaks for caregivers) as a need for caregivers across the lifespan. The Lifespan Respite Care Act of 2006, the federal legislation enabling through August 31, 2020. the Lifespan Respite grants, defines respite care as "Planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the fami-The Idaho Commission on Aging, with the help of the ICA workgroup, is developing a Request for Proposal (RFP) to fund a project that

will result in a wide and diverse

varied array of respite programs

throughout the lifespan. Based on approval of the proposals, seven organizations will be approved for funding of \$14,000 plus match of \$4,667 for the period of June 11, 2018 through August 31, 2019, and \$11,000 plus \$3,667 match for the period of September 1, 2019 Responses to the RFP will be accepted soon. The workgroup will also create a repository of successful respite programs and a business toolkit to support the funded programs. In addition, we anticipate including a mentoring element to assist grantees. For more information, please Respite Program,

contact Pam Oliason, Lifespan group of grantees who will develop a pam.oliason@aging.idaho.gov or at

208-577-2852.

#### **Attention Recovery Coaches!**

The deadline for recovery coaches to be certified so they can bill for their services through BPA Health is June 30, 2018.

#### ICADD set for May 22-24

The Idaho Conference on Alcohol and Drug Dependency (ICADD) will be held at Boise State University on May 22-24, 2018, with pre-conference workshops on May 21. For more information, visit attendicadd.com

#### **Empower Idaho Webinars**

5/2/18 - Mental Health & Diabetes with Dr. Amy Walters, St. Luke's Humphreys Diabetes Center. Learn more and register here.

**5/23/18** – Healthy Sleep with Kyle Davis, PhD, St. Luke's Idaho Pulmonary Associates. Register at www.empoweridaho.org

**6/19/18** – Compassion Fatigue with Patricia Smith, Compassion Fatigue Awareness Project. Register at www.empoweridaho.org

## **Behavioral Health Board Contacts**

#### Region 1—Website

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#### Region 2—Website

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